

# **PART B - FEE(S) TRANSMITTAL**

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**or Fax (571)-273-2885**

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being transmitted to the USPTO via EFS Web, on the date indicated below.

72960 7590 12/16/2009  
 Casimir Jones, S.C.  
 2275 DEMING WAY, SUITE 310  
 MIDDLETON, WI 53562

|                     |                    |
|---------------------|--------------------|
| Michele R. Gilmer   | (Depositor's name) |
| /Michele R. Gilmer/ | (Signature)        |
| March 16, 2010      | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
|-----------------|-------------|----------------------|---------------------|------------------|

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|------------|------------|-------------------|---------------|------|
| 10/526,586 | 12/12/2005 | Gabriele Multhoff | KNAUTHE-09734 | 3810 |
|------------|------------|-------------------|---------------|------|

TITLE OF INVENTION: USE OF GRANZYME B AS AN HSP70/HSP70 PEPTIDE DEPENDENT INDUCER OF APOPTOSIS IN TUMOR CELLS

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
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| nonprovisional | YES | \$755 | \$300 | \$0 | \$1055 | 03/16/2010 |
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| EXAMINER | ART UNIT | CLASS-SUBCLASS |
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|                 |      |            |
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| KOSAR, ANDREW D | 1654 | 424-094100 |
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

- ☐ Change of correspondence address (or Change of Correspondence Address form: PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form: PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
1. Casimir Jones, S.C.  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for publication as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

multimmune GmbH

Munich, GERMANY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 504302 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature /J. Mitchell Jones/

Date March 16, 2010

Typed or printed name J. Mitchell Jones

Registration No. 44,174

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